



Office of the Registrar • Smyth 1
 4245 East Ave • Rochester, NY 14618
 Phone (585) 389-2816 • Fax (585) 389-2612
registrar@naz.edu

ADDRESS / NAME CHANGE FORM

PLEASE SUBMIT COMPLETED FORM TO REGISTRAR'S OFFICE

<p style="text-align: center;">Contact Information</p> <p>Name: _____</p> <p>Last 4 of SSN or Student ID#: _____</p> <p>Phone Number: _____</p> <p>Email address: _____</p>	<p style="text-align: center;">NAME CHANGE - <i>Must provide legal documentation attached to form.</i> <i>E.x: marriage license, valid driver's license, etc.</i></p> <p style="text-align: center;">NEW</p> <p>NAME: _____</p> <p style="text-align: center;">FORMER</p> <p>NAME: _____</p>
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PERMANENT ADDRESS CHANGE (RESIDENTIAL)

NEW ADDRESS

Street _____

City/State/Zip _____

FORMER ADDRESS

Street _____

City/State/Zip _____

SCHOOL/LOCAL ADDRESS CHANGE (MAILING – *IF DIFFERENT*)

NEW ADDRESS

Street _____

City/State/Zip _____

FORMER ADDRESS

Street _____

City/State/Zip _____

By submitting this form with required documentation and signing below, you are requesting that the Nazareth College Registrar's Office change your name and/or your address. Additionally, you authorize the release of name change documents, if requested, to the National Student Clearinghouse for the purpose of notifying lenders and allowing employers and other authorized parties to verify your enrollment and/or degree.

Signature

Date

For Office Use Only:

Processed by: _____

Date: _____